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CONFIRMATION NO. 3260

SERIAL NUMBER 10/085,808	FILING DATE 02/28/2002 RULE	CLASS 703	GROUP ART UNIT 2128	ATTORNEY DOCKET NO. 68.0303
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APPLICANTS

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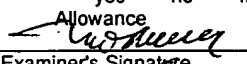
**** CONTINUING DATA *******

This application is a CIP of 09/952,178 09/12/2001
 which claims benefit of 60/236,125 09/28/2000
 and claims benefit of 60/236,905 09/28/2000
 and claims benefit of 60/237,083 09/28/2000
 and claims benefit of 60/237,084 09/28/2000

**** FOREIGN APPLICATIONS *******

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 03/20/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	 Examiner's Signature	CML Initials	STATE OR COUNTRY TX	SHEETS DRAWING 20	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Completions architecture

<p>FILING FEE RECEIVED 1140</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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